## CITY OF ASHEVILLE FINANCE DEPARTMENT PO BOX 7148 - ASHEVILLE NC 28802

PHONE (828) 251-1122 - FAX (828) 259-5577

PRIVILEGE LICENSE APPLICATION

## (PLEASE PRINT CLEARLY)

Dat	e of Application		
1.	Name of Business		
2.	Business Mailing Address		
	City	State	Zip
3.	Business Physical Address		
	City	State	Zip
4.	Type of Business:Sole Proprietorship	Partnership	CorporationLLC
5.	Business Phone # () Emergency # ()		
6.	Owner (s) of Business: (PLEASE PRINT CLEA	ARLY) S	Signature(s)
7.	SS#		
8.	SS#		
9.	Owner's Home Phone # ( )		
10.	Owner's Address		
	City	State	ZIP
11.	Description of Business:		
12.	Is this business part of a Branch or Chain Store?	yes	_no

Pursuant to City Code Sec. 9-74, the City of Asheville has the authority to examine books and records to determine the nature and amount of business transacted to insure the proper tax is being paid.

(PLEASE USE A SEPARATE SHEET TO LIST CORPORATE OFFICERS IF THIS BUSINESS IS A **CORPORATION**)

(CITY OF ASHEVILLE PRIVILEGE LICENSES ARE ISSUED FOR THE FISCAL YEAR BEGINNING JULY 1 AND **ENDING JUNE 30)**